## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |                             |                 |           |
|--|-----------------------------------|-----------------------------|-----------------|-----------|
| 1 Date of Request: 1/5/0/ 2 Serial/Patent # 09/172,990                 |                                   |                             |                 |           |
| 3 Please refund the following fee(s):                                  |                                   | 4 PAPER<br>NUMBER           | 5 DATE<br>FILED | 6 AMOUNT  |
|  | Filing                            |                             |                 | \$        |
|  | Amendment                         | -                           |                 | \$        |
| X  | Extension of Time                 | /3                          | 12/20/00        | \$ 890 00 |
|  | Notice of Appeal/Appeal           |                             |                 | \$        |
|  | Petition                          |                             |                 | \$        |
|  | Issue                             |                             |                 | \$        |
|  | Cert of Correction/Terminal Disc. |                             | ·               | \$        |
|  | Maintenance                       |                             |                 | \$        |
|  | Assignment                        |                             |                 | \$        |
|  | <b>Other</b>                      |                             |                 | \$        |
|  |                                   | 7 TOTAL AMOUNT<br>OF REFUND |                 | \$ 89000  |
|  |                                   | 8 TO BE REFUNDED BY:        |                 |           |
| 10 REASON:   |                                   | Treasury Check              |                 |           |
|  | Overpayment                       | Credit Deposit A/C #:       |                 |           |
|  | Duplicate Payment                 | 901-1300                    |                 |           |
| X  | No Fee Due (Explanation):         |                             |                 |           |
| ontside the Mesponse Statutory period:                                 |                                   |                             |                 |           |
|  |                                   |                             |                 |           |
|  |                                   |                             |                 |           |
| 11 REFUND REQUESTED BY:  |                                   |                             |                 |           |
| TYPED/PRINTED NAMES WAN CAYMON TITLE: para/egal SIGNATURE: Whym PHONE: |                                   |                             |                 |           |
|  |                                   |                             |                 |           |
| OFFICE:  |                                   |                             |                 |           |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:                              |                                   |                             |                 |           |
| APPROVED: Alla Male DATE: 11/0/17                                      |                                   |                             |                 |           |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B